# PATIENT CARE SERVICES

## DISCIPLINES
- Nursing
- Chaplaincy
- Medical Interpreter Services
- Occupational Therapy
- Orthotics and Prosthetics
- Physical Therapy
- Reading Disabilities
- Respiratory Therapy
- Social Services
- Speech-Language Pathology
- Volunteer Services

## PROGRAMS
- Caring Headlines
- Diversity
- Eleanor and Maxwell Blum Patient and Family Learning Center
- HAVEN Program – Helping Abuse and Violence End Now
- Information Systems
- Informational Ambassadors
- International Program
- Ladies Visiting Committee Retail Shops
- Lodging
- Management Systems
- Office of Patient Advocacy
- Office of Quality and Safety
- Systems Improvement
- The Center for Clinical and Professional Development
- Yvonne L. Munn Center for Nursing Research
DEAR FRIENDS AND COLLEAGUES,

Every day, in every moment, we remain dedicated care providers ... through-and-through. We each entered the field of health care with a desire to make a difference. And, every day we come together to do just that — at bedsides; on patient care units; in exam rooms, offices, hallways and a variety of settings — throughout the hospital, within the larger community or even on foreign soil. We consistently extend ourselves to those in need.

As we look back on 2003, we see examples of this dedication and teamwork throughout Patient Care Services and the Massachusetts General Hospital (MGH) community — in simple and grand gestures alike.

While we have consistently kept our patients’ needs at the forefront, we also have been there to support one another — whether formally, through the Collaborative Governance structure that guides our practice, or informally, by supporting a colleague facing a life-threatening illness.

Perhaps the greatest affirmation of this individual and collective dedication comes from being the first hospital in Massachusetts to be awarded Magnet Hospital Recognition from the American Nurses Association (ANA). This represents the highest honor for nursing excellence, and in September 2003, MGH joined a limited number of honorees worldwide.

Magnet Hospital Recognition at MGH truly acknowledges the 14,000 employees hospitalwide who strive every day to offer exceptional patient care. We are fortunate to work in an environment in which the delivery of excellent patient care remains so highly valued and supported.

I hope you will look back on 2003 with great personal and institutional pride as you recall the many milestones that brought us to where we are today. Every day we work together to offer our best — we give of ourselves. It is an honor and a privilege to work with the finest team of clinicians and support staff imaginable, and I thank you.

With admiration,

Jeanette Ives Erickson, RN, MS
Senior Vice President for Patient Care
Chief Nurse
On February 2003, Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse, hosted a celebratory dinner honoring the five-year anniversary of Collaborative Governance in Patient Care Services (PCS). Comprised of four interdisciplinary committees (Diversity, Ethics in Clinical Practice, Quality and Patient Education) and three nursing committees (Practice, Research and Staff Nurse Advisory), this communication and decision-making model has proven to be revolutionary in unleashing clinicians’ ideas and energies toward ensuring that care delivery at the MGH is the best it can be.

From its inception, the Collaborative Governance committees have met once or twice per month to move their respective agendas forward. These committees interface with other decision-making groups within Patient Care Services. In addition to regular committee meetings, all committee cochairs and their respective leadership coaches meet regularly at the Committee Leaders Meetings to share the status of their respective committee’s work. Together, the clinician cochairs chart their respective committee’s direction and often use this forum to negotiate for cross-committee collaboration and resources on various efforts.

Committee members asked to reflect upon their experience in Collaborative Governance noted that, “It has been a positive, enriching and exciting learning experience,” “I feel like I am part of the action,” and “There is a sense of sharing and mutual support among committee members.”

However, the true litmus test of Collaborative Governance’s success is the aggregate number of outcomes from all of the committees each and every year. These are meticulously captured in the committees’ annual reports, and the outcomes are phenomenal. From the Advance Directives information table sponsored by the Ethics in Clinical Practice Committee … to the Nursing Image Campaign designed by the Staff Nurse Advisory Committee … to the Holiday Gift Exchange sponsored by the Diversity Steering Committee … to the evaluation of specialty pressure-relieving products by the Nursing Practice Committee … to the
Showcasing MGH Patient Care Services — the many people, places, ideas and resources that make us who we are — while streamlining departmentwide communications, can be a monumental task. Last year, a steering committee set out to accomplish both of these goals. The fruit of its labor was unveiled in February, when PCS launched a new and improved Web site. The site was specifically designed to showcase care delivery, profile PCS departments and personnel, provide a platform for enhanced internal and external communications and bolster staff recruitment.

Organized under eleven main headings, the content — developed by leadership and staff from individual units and departments — includes program overviews, leadership and staff profiles, and easy access to a wealth of services and resources, including The Center for Clinical ... Center, Clinical Recognition Program, a menu of educational offerings and upcoming events, and a database of career and employment opportunities.

By the end of 2003, the Patient Care Services Web site had logged more than 137,900 visits by over 39,000 individuals.

http://www.mghpcs.org

In February, the departments of Nursing and Volunteer Services introduced a pilot Pet Therapy Program to several MGH inpatient units. The program is staffed by volunteers and their pets who have completed an extensive screening and certification process. Studies increasingly show positive health outcomes associated with animal visits and interactions with pets. Pet visits help patients to overcome feelings of loneliness and isolation, and divert attention away from pain or discomfort. The program has been a success with patients and staff alike and continues to expand to additional clinical sites.

implementation of a Journal Club by the Nursing Research Committee … to the creation of a template and guidelines for development of online discharge education instructions by the Patient Education Committee … to the enhancement of the Patient at Risk Program by the Quality Committee … the work and outcomes of each of the committees individually and collectively have had a tremendous impact on the clinicians, PCS leadership and the organization as a whole. In fact, many of these outcomes have been shared outside the walls of the MGH to regional, national and international audiences.

MGH’s Collaborative Governance model is indeed alive and well. This strategic process encourages and supports clinicians as they take on true ownership of the systems, practices and procedures that make MGH a professional, supportive and safe place to achieve what each clinician comes to the MGH to do — care for patients and families.
The crowd that had gathered in the office of Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse, was suddenly quieted by the ringing of her phone a few minutes after 11 a.m. on September 8, 2003. On the other end was Linda D. Urden, the American Nurses Credentialing Center’s Magnet Recognition Commissioner. Moments later, a thumbs-up gesture by Ives Erickson acknowledged that the Massachusetts General Hospital had become the first hospital in Massachusetts to receive Magnet Hospital Recognition — the highest honor bestowed by the American Nurses Association for nursing excellence.

The Magnet Hospital Recognition program grew out of an early 1980s research study that was charged with determining factors characterizing hospitals that were able to attract and retain qualified nurses despite a national shortage. These hospitals were coined “Magnet” hospitals. Subsequent research has linked direct nursing interventions to improved patient care.

Earning Magnet Hospital Recognition was a formidable task, one that involved the entire hospital. While granted by a subsidiary of the American Nurses Association, Magnet Hospital Recognition reflects excellence in patient care throughout the entire organization, not just Nursing.

The intensive, two-pronged evaluation process first required the submission of a written volume of evidence (totaling 2,305 pages) describing MGH’s compliance with certain standards and criteria. This was then followed by an on-site visit during which MGH was observed with regards to the following nuances: collaborative practice, professional development, interdisciplinary teamwork, quality and safety initiatives, leadership, documentation and the ability to provide culturally competent care.
Much hard work went into preparing for the Magnet review process. A steering committee and a writers group were convened to compile and format all the written evidence into one cohesive document. Workgroups were established to guide specific aspects of our work. In total, 177 Magnet “champions” were recruited from all patient care units to help disseminate key information.

During the site visit, Magnet Hospital Recognition appraisers toured the hospital and interviewed patients, staff nurses, nurse leaders, physicians, hospital employees, administrators, trustees and community liaisons to gain an understanding of the essence of Nursing at MGH.

At a special debriefing session closing the three-day site visit, the Magnet Recognition appraisers spoke about the overwhelming commitment they saw on the part of nurses to do what is best for patients.

On Wednesday, November 12, 2003, MGH officially celebrated its recognition as the state’s first Magnet hospital at a gala event, held in the lobby of the Wang Ambulatory Care Center. Attended by Partners and MGH administrators, members of the MGH Board of Trustees, staff and leadership from all disciplines, and employees from throughout the hospital, it was an event to remember. Ives Erickson thanked the MGH community for making the Magnet journey a successful one, “Magnet status means we are an extraordinary hospital ... it means we have better outcomes for our patients ... it means we foster an environment of teamwork ... it means our nurses are exceptional. Magnet status means a lot!”

RECOGNITION — TOGETHER

Jeanette Ives Erickson, RN, MS, senior vice president for Patient Care and chief nurse, and Peter L. Slavin, MD, MGH president, formally present the Magnet Recognition Obelisk to the MGH community at a hospitalwide celebration.
Iranian children found time to play amid the rubble that once was their home, following a 6.6 magnitude earthquake that destroyed the city of Bam, Iran. Photo courtesy of FEMA.
As a community, we routinely extend ourselves both individually and collectively to those in distress. Recently, we have focused our attention and efforts on addressing health care disparities in our own backyards. Community health care has taken on a renewed level of importance. Culturally competent care is now a part of our vocabulary and practice. Likewise, we have looked beyond our borders to assist those far less fortunate than ourselves in times of both sudden and chronic need.

In the winter of 2003, we came together as a nation to answer the call for help halfway around the world. On December 26, an earthquake measuring 6.6 on the Richter scale struck the ancient city of Bam, Iran, causing widespread devastation — at least 30,000 were left dead and more than 100,000 injured. Within hours, the Iranian government accepted the U.S. offer of humanitarian aid.

The Federal Emergency Management Agency (FEMA) immediately mobilized our nation's International Medical-Surgical Response Team (IMSuRT). The group is based in Boston and designed, run and sponsored by the MGH. Its capabilities include triage, medical treatment, support for local medical staffs and preparations for patient evacuation. By seven the following morning, a team that included MGH nurses, physicians, respiratory therapists, pharmacists and other personnel was ready to be deployed. They would be the first Americans on Iranian soil in more than twenty-five years.

The Boston-based IMSuRT team arrived in Bam amid clouds of dust, piles of rubble and the remaining survivors rendered instantly homeless. Entire neighborhoods were destroyed. Whole families perished. And, 50 percent of the city’s health care workers had died.

Amid the devastation, the U.S. team worked in unfamiliar surroundings where resources were scarce; they had no running water, limited sanitation facilities and overnight temperatures that dipped into the 20s. Aftershocks provided constant reminders of their tenuous conditions. Still, for two weeks the team treated more than 500 patients, delivered six babies and saved many, many lives.

Beyond the exceptional care and comfort, the Americans offered something more — a sense of hope and understanding that compassion and fellowship are all part of the human experience. And, for their part, the Iranian people one by one rose above the barriers of language and culture to offer expressions of gratitude — a squeeze of the hand, bow of the head, gifts of fruit and nuts, or even a personal possession they were able to salvage from the rubble.

Whether we are reminded through grand or small gestures, we witness daily that health care and humanity go hand in hand.

Armed with duffle bags full of medical supplies and unlimited goodwill and determination, a team of four MGH nurses spent 11 days in January living and working in some of the poorest parts of Duran, Ecuador. Their mission was to provide free health care to area residents who lived in squalor. Crude conditions meant limited resources, so the nurses quickly learned to improvise. Through a translator, the team dedicated itself to learning about medical issues and available treatments, educating patients and local medical personnel about various health issues, and treating residents for ailments that were often associated with their very living conditions. Upon their return to the MGH, the nurses wrote, “The mission reminded us of how little others have and how fortunate we are to live in an abundant society. We came home with a new appreciation of our health care system and the resources we have on a daily basis.”
The active presence of a diverse community energizes the MGH today — evident in both our workforce and patient populations. Our sidewalks, hallways, waiting rooms and dining areas are alive with different languages, traditional dress and various customs that create a dynamic environment. As a community, we continue to deepen our understanding of what it means to deliver care that embraces the health and well-being of all those we serve — patients, families, staff, employees and volunteers alike. Diversity remains a key component of the Patient Care Services (PCS) vision.

The PCS culturally competent care curriculum offers one ongoing reminder of our commitment to community. Through its “Introduction to Culturally Competent Care: Understanding Our Patients, Ourselves and Each Other,” employees from throughout the hospital come together to share personal stories and situations that reveal the complexities of a multicultural work environment. Those who have worked at MGH for many years have an opportunity to share and learn alongside those who may still be in orientation. And, it is not unusual to have participants join us from other institutions. During its four years, the program has led to a deeper understanding of cultural issues in health care and an increasingly sophisticated level of dialogue.

Likewise, the MGH Patient Care Services Diversity Steering Committee has begun to tackle the broader nationwide issue of health care disparities experienced by certain populations. In September, the committee sponsored a multidisciplinary disparities conference to raise awareness and paint a full picture of the depth and breadth of this issue for the MGH community. The work of the PCS Diversity Steering Committee, senior leadership and The Center for Clinical and Professional Development laid important groundwork. The American Hospital Association report, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare,” further informed that work. The report suggested many underlying causes of health care disparity that are both patient and health care system-based, including language and cultural, socioeconomic and health differences, and workforce diversity.

The Diversity Steering Committee continued its charge by addressing specific health care disparities throughout the year, ensuring the MGH was doing all it could to identify and address existing gaps in its own systems and many within the greater community. The group designed a variety of bridges, some simple and others more complex, including participating in the city’s New Bostonians Community Day; examining disparities from a Social Services perspective; working with Interpreter Services to address needs and barriers specific to language; exploring the needs of people with disabilities; and actively advocating for health care as a civil right.

It is a start — a good one. And, our attention and commitment to providing equal access to quality care remains both active and strong.
Navigating the health care system can be confusing, particularly for those who are new to the United States. In 2003, the PCS Diversity Committee teamed up with the Partners International Program to address the issue head on.

Because language and a lack of vital health information prove to be enormous barriers during emergencies, the MGH team set out to create a bridge. The result: a wallet-sized “Basic Medical Card” designed specifically for refugee and immigrant populations. The bright yellow cards — which are designed to attract attention and be visible at night — were distributed to hundreds of foreign-born attendees at the annual New Bostonians Community Day. Sponsored by Boston Mayor Thomas Menino, the event each year provides immigrants with vital information about local government and community resources.

Following a free blood pressure screening, multilingual MGH volunteers helped immigrants write their results on a card that also displayed their name, preferred language, known allergies and emergency contact information.

The idea caught on. Several weeks later, the Executive Director of Immigration and Refugee Services of America (IRSA), learned about the idea at a national refugee conference. She wrote to the MGH commending the PCS Diversity Committee for its “innovative approach to addressing health care disparities among Boston’s foreign-born community.” She also informed the hospital that in 2005, as part of its work for the U.S. State Department, the agency will begin distributing these “Basic Medical Cards” to all newly arrived refugees throughout the United States.

The department’s African-American pinning ceremony has become a powerful celebration of individual and collective culture. Held each year during Black History Month, the event brings MGH community together to honor those individuals who quietly and consistently give of themselves to elevate others and, in the process, our community as a whole.
We know all too well that tragedy can strike at any moment and without warning. In an instant, lives are forever changed. It is in those moments we are challenged to go beyond the ordinary in offering care and comfort to patients, their loved ones and even to one another. We become a true community. In the winter of 2003, the MGH community received a stark reminder of just how powerful that calling might be.

Late in the evening of February 20, hundreds had jammed into The Station nightclub in West Warwick, RI, to see the rock band Great White. Suddenly, tragedy struck as a pyrotechnics display ignited part of the stage. Fire and smoke enveloped the club within minutes. In the end, more than 100 people were killed, nearly 200 suffered injuries ranging from smoke inhalation to severe burns and countless others were left to cope in the aftermath. The horror was unimaginable.

As rescuers responded to the scene, the MGH received the first call: “We need help.” The hospital snapped into action, activating key elements of its disaster plan as health care workers in Rhode Island began sending some of their most severely injured to the MGH. Hundreds of distraught friends and family members were calling and arriving at our doors, continuing a desperate search for their loved ones among the few unidentified survivors.

True to form, the MGH community united to offer an extraordinary level of care and comfort. Individuals throughout the hospital worked tirelessly through those first crucial hours after the patients arrived. Individuals from Social Services, Nursing, Psychiatry, Chaplaincy and Administration swiftly converted The Blum Patient and Family Learning Center into a family resource center for those impacted by the horrific event. They painstakingly helped to identify patients and to provide assistance and support to the frightened masses that continued to turn to MGH for hope and help.
COMING TOGETHER IN TIMES OF TRAGEDY

And, as the initial shock and horror of the tragedy gave way to the harsh realities of loss and survival, the work of these dedicated care teams continued — for days, weeks and beyond — until the last patient was finally discharged 10 months later.

Throughout this unimaginable event, many within the MGH community volunteered to stay beyond their shift or to come to work on their days off. Surgical schedules were adjusted, and countless other details were quickly and thoughtfully coordinated and readjusted, as patients’ conditions changed, sometimes hour by hour.

Consistently, the MGH community demonstrated an unparalleled level of talent, compassion and dedication to easing the pain of our neighbors. As Peter L. Slavin, MD, president of the MGH, observed, “It is the tremendous commitment of loyal and caring people that enables the MGH to stand as a beacon of hope, a place of healing, comfort and support in the midst of tragedy.”

“WHEN IN DISTRESS, EVERY MAN BECOMES OUR NEIGHBOR.”

— Founders of the MGH

Throughout 2003, countless Patient Care Services (PCS) teams came together to offer support to a colleague or other good cause at a critical time. Some stepped in for a fellow nurse who battled a serious illness. Others supported colleagues throughout family crises. And, every day — through gestures simple and even elaborate — PCS staff offered the extraordinary to our patients.

The Spare Change Challenge serves as one departmentwide example of creative giving. Throughout National Physical Therapy (PT) Month, the PT Department launched a healthy competition. Therapists divided into teams to raise funds for the MGH Social Services food voucher program. By strategically placing special fundraising jars throughout the hospital, PT staff raised more than $1,000 for the MGH Social Services Department to support patients and families in need.
2003: THE YEAR IN REVIEW

As the volume of patients at MGH continues to grow, so too do the health care needs of patients. Escalating patient acuity — illustrated in the Average Length of Stay/Patient Acuity Trend graph — drives the demand for professional staff and their expertise. Likewise, creating a supportive professional practice environment, with the appropriate balance of professional and support staff, remains a top priority and relies heavily upon the feedback of clinicians.

Each year, Patient Care Services surveys clinicians to assess a variety of organizational characteristics that are important to professional practice: autonomy and control over practice; strong clinician/physician relationships; communication; teamwork; conflict management skills; motivation and cultural sensitivity. In each of the past three years, MGH clinicians have reported statistically significant increases in all areas. Of note, 87 percent of Patient Care Services clinician respondents report they are satisfied or very satisfied with the professional practice environment at MGH.

Within the Department of Nursing, in particular, vacancy and turnover rates remain significantly lower than Magnet Hospital, state and national averages, clearly indicating strong overall satisfaction among MGH nurses, even amid a growing national nursing shortage.
PROFESSIONAL ACHIEVEMENTS
AWARDS & RECOGNITION

PATIENT CARE SERVICES
Gletter Aponte, Patient Care Associate, Obstetrics
The Anthony Kirvilaitis Partnership in Caring Award
Mary Artery, RN, Oncology Infusion
The Marie C. Petrilli Oncology Nursing Award
Karen DaRocha, RN, Pediatrics
The Pediatric Family Centered Care Award
Cheryl Dear, Unit Service Associate, Clinical Research
African American Pinning Honoree
Erica Edwards, RN, Coronary Care
The Stephanie M. Macaluso, RN Excellence in Clinical Practice Award
Miguel Fuentes, Materials Management
Associate, Electrophysiology Lab and Cardiac Catheterization Lab
The Anthony Kirvilaitis Partnership in Caring Award
Alfredo Galavis, Materials Coordinator,
Materials Management
The Pediatric Family Centered Care Award
Joyce Henry, Patient Care Associate, General Surgery
African American Pinning Honoree
Heidi Jupp, RN, CPON, Pediatric
Hematology/Oncology Clinic
The Pediatric Family Centered Care Award
Peggy Nelson, RN, Neonatal Intensive Care
The Ben Corrao Clason Memorial Scholarship
Drina Prescod, RN, General Medicine
African American Pinning Honoree
Shirley Prescod, LPN, Oncology Infusion
African American Pinning Honoree
Mara Wernick Robinson, PT, MS, NCS,
Physical Therapy
The Stephanie M. Macaluso, RN Excellence in Clinical Practice Award
Anita St. John, RN, Cystic Fibrosis Program
The Pediatric Family Centered Care Award
Peggy Settle, RN, CMS, Neonatal Intensive Care
The Yvonne L. Munn, RN Nursing Research Award
Angela Solis, Operations Associate, Transplant
African American Pinning Honoree
Kimberly Stewart, MS, CCC-SLP, Speech-Language Pathology
The Stephanie M. Macaluso, RN Excellence in Clinical Practice Award
Clare Swan, RN, MSN, Oncology Infusion
The Marie C. Petrilli Oncology Nursing Award
Cynthia Thibodeau, PT, Physical Therapy
The Stephanie M. Macaluso, RN Excellence in Clinical Practice Award
Lynda Tyer-Viola, RNC, PhD(c), Labor and Delivery
The Yvonne L. Munn, RN Nursing Research Award
Brenda Whelan, RN, Surgical Intensive Care
The Stephanie M. Macaluso, RN Excellence in Clinical Practice Award
Joy Williams, RN, Radiology
African American Pinning Honoree

MGH
Ileana Arocho, On-Call Coordinator, Interpreter Services
Association of Multicultural Members of Partners Scholarship Award
Nancy Newman Bloomstein, MSW, LICSW, Social Services
MGH Excellence in Action Award
Virginia Capasso, APRN, PhD, BC, Wound Care
Bowditch Award
Sheila Crewe, General Medicine
The Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy
Elizabeth Davis, RN, Vincent Obstetrics and Gynecology Service
Jeanette Ives Erickson Award
Theresa Farrow, RN, Oncology/Bone Marrow Transplant
The Cancer Career Development Award
James Gillespie, Volunteer
Janet Ballantine Oncology Volunteer Award
Diana Grobman, RN, BSN, Neonatal Intensive Care
The Orren Carrere Fox Award for NICU Caregivers
Elaine Grollman, Volunteer
Janet Ballantine Oncology Volunteer Award
Andrea Hansen, RN, General Medicine
The Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy
LaNeia Mahaffey, Administrative Assistant,
Clinical Research
Association of Multicultural Members of Partners Scholarship Award
Evelyn Malkin, MSW, LICSW, Social Services
Durante Award, MGH Cancer Center
Paige Nalipinski, MS, CCC-SLP, Speech-Language Pathology
Award for Excellence in Clinical Supervision
Staff of Phillips 20
Excellence in Action Award
Judith Voufo, Patient Care Associate, Neuroscience
Association of Multicultural Members of Partners Scholarship Award
The MGH Clinical Recognition Program serves as a formal way to recognize excellence in practice, encourage professional development and build a diverse community of reflective practitioners within Patient Care Services. Applicants work with their managers or directors to analyze their practice relative to clinician-patient relationships; clinical knowledge and decision-making; teamwork and collaboration; and movement, for Occupational Therapy and Physical Therapy professionals. Criteria within these themes define four levels of clinical practice: Entry Level Clinician, Clinician, Advanced Clinician and Clinical Scholar.

**NATIONAL**
Joan Fitzmaurice, RN, PhD, Office of Quality and Safety  
Patient Safety Leadership Fellowship  
Jeannette Ives Erickson, RN, MS  
The Prison Award — Inaugural Year — American Organization of Nurse Executives Board of Directors and the Institute for Patient Care Research and Education  
Ellen Kinnealey, RN, Biomedical Engineering Department  
National Patient Safety Foundation’s Janssen Elder Care Award  
Jean Nardini, RN, MSN, CNN, Hemodialysis Excellence in Volunteer Leadership, American Nephrology Nurses Association  
The Reverend Deacon Daphne B. Noyes, MA, Chaplaincy  
Polly Bond Award, Episcopal Communicators Annual Meeting  
Golden Shoestrings Award for Chaplain Newsletter  
Episcopal Communicators Annual Meeting  
Speech-Language Pathology Department  
Annual Recognition and Award, Horizons Initiatives Community Children’s Centers  
Jean O’Toole, PT, MPH, Physical Therapy  
Founders Award, American Society of Shoulder and Elbow Therapists

**STATE AND REGIONAL**
Maria Avila-Wallace, RN, Gillette Center for Women’s Cancer  
Jeremiah Milbank Foundation Nursing Scholarship  
Mimi Bartholomay, RN, MN, AOCN, Oncology Infusion  
Finalist, The Boston Globe and Boston Works’ Salute to Nurses  
Joanne Empoliti, RN, MSN, BC, ONC, Orthopaedics  
Finalist, Nursing Spectrum New England Nurse of the Year  
Miriam (Mim) Fern, Resource Specialist, Social Services  
Operation ABLÉ’s Greater Boston Mature Workers Award  
Mark Hammerschmidt, RN, Medical Intensive Care  
Nominee, Nursing Spectrum New England Nurse of the Year  
Aimee Klein, PT, DPT, MS, OCS, Physical Therapy  
American Physical Therapy Association of Massachusetts  
Mary MacDonald Award for Distinguished Services  
Cynthia Ann LaSala, RN, MS, General Medicine  
Anne Kibrick Leadership Award, Theta Alpha Chapter, Sigma Theta Tau International Honor Society for Nursing  
Tracey McPhee, RN, Emergency Department  
2003 Outstanding Emergency Nurse, Harvard Affiliated Emergency Medicine Residency Program  
Sally Millar, RN, MBA, Patient Advocacy  
Finalist, Nursing Spectrum New England Nurse of the Year  
Keith Perleberg, RN, MDiv, General Medicine  
Finalist, Nursing Spectrum New England Nurse of the Year  
Yvonne Parr, Medical Assistant, Outpatient Gynecology  
Jeremiah Milbank Foundation Nursing Scholarship  
Rosie Sanon, Medical Assistant, Outpatient Obstetrics  
Jeremiah Milbank Foundation Nursing Scholarship  
Robin Toner, Medical Assistant, Outpatient Obstetrics  
Jeremiah Milbank Foundation Nursing Scholarship

**2003 ADVANCED CLINICIAN**
Nancy Aguilar, RN, Surgical Intensive Care  
Patricia Atkins, RN, BSN, CNOR, Same Day Surgery  
Sarah Buck, RN, BA, Pediatric Intensive Care  
Diane Carter, RN, BS, Vascular Surgery  
Debra S. Christofi, RN, BSN, Vascular Surgery  
Audrey Kurash Cohen, MS, CCC-SLP, Speech-Language Pathology  
Kristine Cote, RN, BSN, Vascular Surgery  
Erin Cox, RN, MS, CCRN, CS, Coronary Care  
Barbara Drowne, RN, BSN, Main Operating Rooms  
Kristen Gallagher, RN, BSN, Newborn Intensive Care  
Nicola Gribbin, RN, BSN, Oncology Infusion  
Elizabeth Kelley, RN, Same Day Surgery  
Karen Kelly, RN, BS, Same Day Surgery  
Barbara Levin, RN, BS, Orthopaedics  
Patricia Lynch, RN, BSN, Same Day Surgery  
Regis MacDonald, RN, BSN, Pre-Admission Testing Area  
Steven C. Mason, RRT, BS, Respiratory Therapy  
Gloria Moran, RN, Main Operating Rooms  
Theresa Morris, RN, BSN, Surgical Intensive Care  
Esther O’Dette, RN, AAS, Oncology/Bone Marrow Transplant  
Pamela Quinn, RN, BSN, Emergency Department  
Kathleen Reilly Lopez, RN, General Surgery  
Margaret Soriano, RN, BSN, General Medicine  
Kevin E. Strong, RRT, BS, Respiratory Therapy  
Clare Swan, RN, BSN, Oncology Infusion  
Donna R. Van Kleeck, RN, MS, Pre-Admission Testing Area  
Marilyn Wise, MSW, LICSW, Social Services  
Denise Young, RN, BSN, Medical Intensive Care

**2003 CLINICAL SCHOLAR**
Deborah Bobola, RN, BSN, Newborn Intensive Care  
Jane Bryant, RN, MS, Medical Intensive Care  
Chelby L. Cierpial, RN, MSN, Cardiac Medicine, Access  
Diana Grobman, RN, BSN, Newborn Intensive Care  
Elizabeth Johnson, RN, MSN, Oncology/Bone Marrow Transplant  
Germaine Lamberg, RN, Newborn, Labor and Delivery  
Sally Morton, RN, MSN, Plastic Surgery and Burns Intensive Care  
Paula Nelson, RN, BSN, Newborn Family, Labor and Delivery  
Harriet Nugent, RN, BSN, Newborn Family, Labor and Delivery  
Berndette Reilly-Smorawski, RN, Newborn Intensive Care  
Lois Richards, RN, MS, Newborn Family, Labor and Delivery  
Donna Slicis, RN, MS, Pre-Admission Testing Area  
Debra Whitaker, RN, BSN, Transplant Intensive Care  
Cuartor F. Wynne, RN, BSN, Newborn Family, Labor and Delivery
PROFESSIONAL ACHIEVEMENTS

PRESENTATIONS

STATE AND REGIONAL

Jennifer Botsford, OTR/L, CHT
Suzanne Curley, MSOT, OTR/L, CHT
Treatment Protocol Development: Collaboration Between Surgeons and Therapists
Massachusetts Association of Occupational Therapists, Boston, MA
Virginia Capasso, APRN, PhD, BC
Hastening Wound Healing
Greater Boston Chapter of the Association of Critical Care Nurses, Newton, MA
Diane Carroll, RN, PhD
Glenys Hamilton, RN, DNSc:
Quality of Life in Implanted Cardioverter Defibrillators: The Impact of Device Shock
Eastern Nursing Research Society, 15th Annual Scientific Sessions, New Haven, CT
Joanne Clifford, PT, DPT, MS, OCS
Osteoporosis, Posture and Exercise
2003 Women’s Health Forum, Winthrop, MA
Amanda Cookley, RN, PhD
Exploration of Energy Expenditure Between Provider and Recipient of a Therapeutic Touch Treatment and the Response to Therapeutic Touch Treatment on Healthy Individuals
Eastern Nursing Research Society, New Haven, CT
Joan Gallagher, RNC, EdD, BC, AOCN
Using Secondary Analysis of Existing Data Sets to Improve Clinical Nursing Practice Outcomes
Eastern Nursing Research Society, New Haven, CT
Maryellen Gallagher, MS, CCC-SLP
Some Thoughts on Managing Patients with Tracheostomy Tubes plus/minus Mechanical Ventilation
Massachusetts American Speech-Hearing Association (MASHA) Annual Conference, Worcester, MA
Linda Gelda, LICSW
Treatment of Males with Eating Disorders
Dept. of Psychiatry, Cambridge Hospital/Harvard Medical School Conference on Eating Disorders, Boston, MA

Alice Gervasini, RN, PhD
Management Strategies for the Obese Trauma Patient
8th Annual New England Regional Trauma Conference, Burlington, MA
Tessa Goldsmith, MA, CCC-SLP
Effects of Colonic Interposition on Swallowing Function
Boston Swallowing and Motility Disorders Meeting, West Roxbury, MA
Jeanette Ives Erickson, RN, MS
Clara Barton: Her Life, Her Legacy and Her Contributions to Humanity
Inaugural lecture, Clara Barton Week celebration, State House, Boston, MA
Janet Madigan, RN, MS, CNAA
Health care Legislative Update
Combined MetroWest and Central Massachusetts Regional meetings, Massachusetts Organization of Nurse Executives, Worcester, MA
Mandatory Nurse Staffing Ratios: The Massachusetts Experience
2003 Connecticut Hospital Association Nursing Leadership Forum, Wallingford, CT
Sally Millar, RN, MBA
Optimizing Patient Satisfaction and Resolving Complaints
Massachusetts Organization of Nurse Executives Leadership Series, Waltham, MA
Rosalie Tyrrell, RN, MS
Understanding and Leading a Multigenerational Workforce
Massachusetts Organization of Nurse Executives Annual Conference, Waltham, MA; and Massachusetts Hospital Association, Framingham, MA

NATIONAL

Claribell Amaya, RN, BC
Kathleen Myers, RN, MSN, CS, ONC, CNA
Ivonny Niles, RN
We Walk the Walk, We Talk the Talk
National Association of Hispanic Nurses Conference, San Juan, Puerto Rico
Erin Cox, RN, MS, CCRN, CS
Synergy in Practice: The CNS Role in Caring for Victims of Domestic Violence
National Association of Clinical Nurse Specialists, Salt Lake City, UT
Annabel Edwards, APRN, BC
What’s New in the World of Anti-Inflammatory Medication?
Annual National Meeting of The American Society for Pain Management Nursing, Kansas City, MO
Joan Fitzmaurice, RN, PhD
Cyrus Hopkins, MD
Melissa Cullkins, RN, MS
Experiencing Disclosure of Error in the Patient Record
Nursing Administration Research Conference, Raleigh, NC
Trish Gibbons, RN, DNSc
A Closer Look at the Nursing Shortage
2003 Women’s Health Forum, Winthrop, MA
Taryn Pittman, RN, MSN, C
Sharon Brackett, RN, BSN, CCRN
Taryn Pittman, RN, MSN, C
Lori Pugsley, RN, LCCE
Susan Jaster, RN, MS
The Impact of Collaborative Governance on Staff Participation in Decision-Making, Leadership, and Retention
Quest for Quality 2003: Sharing Our Practice and our Passion, Rochester, MN
Deborah Jameson, RN, MS, AHIP
Julia Whelan, MS, AHIP
Building Bridges: A Hospital Library and a Cancer Resource Room Bring a Digital Information Project to Health care Professionals
Medical Library Association, San Diego, CA

Tessa Goldsmith, MA, CCC-SLP
Restoring Speech and Swallowing Function to Ventilator Dependent and Tracheostomized Patients
Coral Springs Medical Center, Pompano Beach, FL;
Inova Fairfax Hospital, Alexandria, VA; and Columbia-Presbyterian Hospital, New York, NY
Jeanette Ives Erickson, RN, MS
Creating a Research Intensive Environment
Council for the Advancement of Nursing Science, Washington, DC
The Nursing Shortage
Nurses for Improving Care for Health System Elders Conference, New York, NY
Reinventing the Health Care Workplace
National Health Policy Conference, Washington, DC
Jeanette Ives Erickson, RN, MS
Dorothy Jones, RNC, EdD, FAAN
Trish Gibbons, RN, DNSc
Sharon Brackett, RN, BSN, CCRN
Taryn Pittman, RN, MSN, C
Lori Pugsley, RN, LCCE
Susan Jaster, RN, MS
The Impact of Collaborative Governance on Staff Participation in Decision-Making, Leadership, and Retention
Quest for Quality 2003: Sharing Our Practice and our Passion, Rochester, MN
Deborah Jameson, RN, MS, AHIP
Julia Whelan, MS, AHIP
Building Bridges: A Hospital Library and a Cancer Resource Room Bring a Digital Information Project to Health care Professionals
Medical Library Association, San Diego, CA
Robert M. Kacmarek, RRT, PhD
Does Optimal Adjustment of Positive End-Exspiratory Pressure have an Impact on Outcome?
Society of Critical Care Medicine Annual Meeting, San Antonio, TX
Improving Patient Tolerance to Non-Invasive Ventilation
49th Annual Meeting of the American Association for Respiratory Care, Las Vegas, NV

Matthew Nippins, PT, MSPT
Exercise Testing in the Cystic Fibrosis Population
North American Cystic Fibrosis Conference, Anaheim, CA

Jean O’Toole, PT, MPH, CLT-LANA
Aimee Seitz, PT, OCS
Upper Cervical Spine/Cervical Spine vs. Glenohumeral Complex
American Society of Shoulder and Elbow Therapists, Dana Point, CA

Janet Dauphinee Quigley, RN, MSN
Clinical Management of the Ambulatory Surgical Patient
Managing Today's OR Suite Conference, San Diego, CA

Sue Warchal, RN
Developing an Emergency Department Ethics Forum
National Emergency Nurse Association Leadership Conference, Albuquerque, NM

INTERNATIONAL

Lana Dvorkin, PharmD
Julia Whelan, MS, AHIP
Herbal Medicinal Plants in Pharmacy School Curriculum
Conferencia de Farmacia y Nutricion, Havana, Cuba

Ellen Fitzgerald, RN, MS
Lynn Graziano Morin
Carole Seigel
Utilizing Patients and Families as Advisors: the Key to a Successful Design Planning Process
1st International Conference on Family-Centered Care: Advancing the Quality of Health Care in the 21st Century, Boston, MA

Dean Hess, RRT, PhD
What is Evidence-Based Medicine and Why Should I Care?
The Evidence for Noninvasive Positive Pressure Ventilation
Improving Patient Synchrony During Noninvasive Ventilation
How to Conduct a Retrospective Study
The Role of the Respiratory Therapist in Prevention of Ventilator-Associated Pneumonia
International Congress of the American Association of Respiratory Care, Las Vegas, NV
International Congress of the American College of Chest Physicians, Orlando, FL
Equipment Needs for Noninvasive Ventilation
International Conference of the American Thoracic Society, Seattle, WA

Dean Hess, RRT, PhD (cont’d)
Weaning from Mechanical Ventilation — What has the Evidence Taught Us?
Aerosol Delivery During Mechanical Ventilation
Is Pressure Support Ventilation a Simple Mode?
Monitoring During Mechanical Ventilation
The Role of the Ventilator Circuit in the Development of Nosocomial Pneumonia
Tips to Improve the Success of Noninvasive Ventilation
10th Intensive Care Congress of Southern Brazil, Gramado, Brazil
Anatomy of the Ventilator
Ventilation of the Patient with Obstructive Lung Disease
Monitoring Pulmonary Mechanics in the Mechanically-Ventilated Patient
Ventilator Modes
Noninvasive Positive Pressure Ventilation
Respiratory Care Update, Cairo, Egypt
Lung Recruitment Maneuvers
Noninvasive Positive Pressure Ventilation
Monitoring Lung Mechanics During Mechanical Ventilation
New Modes and Features of Mechanical Ventilators
India Society for Critical Care Medicine, Jaipur, India

Robert M. Kacmarek, RRT, PhD
Best Positive End-Expiratory Pressure a Decelerating Trial Following Lung Recruitment
23rd International Symposium in Intensive Care Emergency Medicine, Brussels, Belgium
Positive End-Expiratory Pressure and Super Positive End-Expiratory Pressure: The Way We Were, The Way It Should Be
9th International Conference on Mechanical Ventilation, Santiago de Compostela, Spain

Robert M. Kacmarek, RRT, PhD (cont’d)
Ventilators Used for the Acute Application of Noninvasive Ventilation
9th International Conference on Home Mechanical Ventilation, in Orlando, FL
Pressure-Volume Curve Interpretation and Clinical Significance
Symposium on Mechanical Ventilation, Vienna, Austria
Airway and Ventilator Circuit Management and Ventilator-Associated Pneumonia
Annual European Respiratory Society Meeting, Vienna, Austria
Ventilatory Management of Patients With Chronic Obstructive Pulmonary Disease
18th Annual Meeting of the International Symposium on Critical Care Medicine, Trieste, Italy

Danny Nunn, MS, CCC-SLP
Management of Neurogenic and Mechanical Dysphagia, Postural Maneuvers and Compensatory Strategies for Swallowing
Primeira Reuniao Geral Discussao de casos Clinicos do comite de disfagia, Brazil, Sao Paolo, Brazil
Correlation Between Bedside Clinical Exam and Fiberoptic Endoscopic Exam of Swallow Diagnostic Value
Primeira Reuniao geral disarsao de casos clinicos do comite de dispagia, Brasil, Sao Paolo, Brazil

Lourdes Sánchez López, MS
Delivery of Professional Medical Interpreting Services in a Clinical Setting
The Migrant-Friendly Hospitals—European Project, Reggio Emilia, Italy
PROFESSIONAL ACHIEVEMENTS

BOOKS & BOOK CHAPTERS

Jack Ansell, MD
Lynn Oertel, ANP, MS, CACP
Ann Wittkowsky, PharmD, CACP
Managing Oral Anticoagulation Therapy: Clinical and Operational Therapy, Second Edition
Aspen Publishing
The following authored one or more chapters in
Primary Care: A Collaborative Practice Second Edition
Mosby
Karen Borden, NP
Basic Principles of Oncology Treatment
Virginia Capasso, NP
Abdominal Aortic Aneurysm, and Carotid Artery Disease
Constance Dahlin, NP
Palliative and End-of-Life Care, and Chronic Pain
Annabel Edwards, NP
Management of Cancer Pain
Jane Flanagan, NP
Presurgical Clearance
Patricia Flanagan, NP
Outpatient Management of Deep Vein Thrombosis
Denise DelJoseph Gauthier, NP
Endocarditis
Maryjane Giacalone, NP
Hypertension
Noreen Leahy, NP
Amyotrophic Lateral Sclerosis, Bell’s Palsy, and Trigeminal Neuralgia
Patricia Lowry, NP
Chest Pain and Coronary Artery Disease
Claire McGowen, NP
Presurgical Clearance
Denise Mullaney, NP
Hypertension
Jennifer Neves, NP
Presurgical Clearance
Joseph Rampulla, NP
Alcohol Abuse, and Substance Abuse
Barbara Roberge, NP
Management of Common Elder Syndromes
Debra Toran, NP
Basic Principles of Oncology Treatment
Regina Doherty, MS, OTR/L
Chapter “Cardiopulmonary Dysfunction in Adults” in Willard and Spackman’s Occupational Therapy, Tenth Edition
Crepeau, Cohn, and Schnell, Editors, J.B. Lippincott, Williams and Wilkins
Tessa Goldsmith, MA, CCC-SLP
PM Som and HD Curtain, Editors, Mosby
Theresa Michel, PT, DPT, DSc, CCS
Chapter “Palliative Care Competencies for Physical Therapists” in Dying, Death and Bereavement: A Challenge for the Living Second Edition
Corless, Germini and Pittman, Editors, Springer Publishing
Michael Sullivan, PT, DPT, MBA
Rebecca Fishein, PT, OCS
Diane Heiselin, PT, DPT, MS, OCS
Regina Doherty, MS, OTR/L
Chapter “Rehabilitation Principles Following Total Knee Arthroplasty” in the Adult Knee, First Edition

ARTICLES

Alison Bates, PT, DPT, GCS
Acute Care Physical Therapist Evaluation and Intervention for an Adult after Right Hemispherectomy
Joel Finkelstein, MD
Annmarie Hayes, RN-C, NP
Joy Hunzelman, NP
Jason Wyland, BA
Hang Lee, PhD
Robert Neer, MD
The Effects of Parathyroid Hormone, Alendronate or Both in Men with Osteoporosis
The New England Journal of Medicine
Rebecca Fishein, PT, OCS
Katherine Breen, PT, DPT
Virtual Reality-Enhanced Range of Motion System for Treating Adhesive Capsulitis
Arthritis and Rheumatism
Brian French, RN, MS, BC
Culturally Competent Care: The Awareness of Self and Others
Journal of Infusion Nursing

Christina Graf, RN, PhD
Sally Millar, RN, MBA
Charlene Feilteau, RN, BSN
Peter J. Coakley, MS
Jeanette Ives Erickson, RN, MS
Patients Needs for Nursing Care: Beyond Staffing Ratios
Journal of Nursing Administration
Dean R. Hess, RRT, PhD
Christine Dillman, RRT
Robert M. Kacmarek, RRT, PhD
In Vitro Evaluation of Aerosol Bronchodilator Delivery During Mechanical Ventilation: Pressure-Control vs. Volume Control Ventilation
Intensive Care Medicine
Dean R. Hess, RRT, PhD
Care of the Ventilator Circuit and its Relation to Ventilator-Associated Pneumonia
Respiratory Care
Rebecca Horr, RN, BS
Lauren Kattany, RN, BS
Ellen Robinson, RN, PhD
Mrs. T’s Story: An Interview
Journal of Clinical Ethics
Jeanette Ives Erickson, RN, MS
Glens A. Hamilton, RN, DNSc
Dorothy E. Jones, RN, PhD, FAAN
Marianne Ditomassi, RN, MSN, MBA
The Value of Collaborative Governance/Staff Empowerment
Journal of Nursing Administration
Robert M. Kacmarek, RRT, PhD
Noninvasive Positive Pressure Ventilation: The Little Things Do Make a Difference!
Respiratory Care
Robert M. Kacmarek, RRT, PhD
Is High Frequency Oscillation the Best Lung Protective Ventilatory Approach for ARDS?
Intensive Care Medicine
Lauren Kattany, RN, BS
Rebecca Horr, RN, BS
The Nurses’ Story about Mr. T
Journal of Clinical Ethics
Kathi J. Kemper, MD, MPH
Andrea Amata-Kynvi, RN, MS
Lana Dvorkin, PharmD.
Julia Whelan, MS, AHP
Alan Woolf, MD, MPH
Ron Samuels, MD
Herbs and Other Dietary Supplements: Health care Professionals’ Knowledge, Attitudes and Practices
Alternative Therapies in Health and Medicine
MaryEllen McNamara, RN, BSN
Diann Burnham, RN, BSN
Christine Smith, RN, BSN
Diane Carroll, RN, PhD
The Effects of Back Massage Before Diagnostic Cardiac Catheterization
Alternative Therapies in Health and Medicine
Barbara Goll-McGee, RN
Sherry Couto, RN, NP, MSN
John Ferrandi, PCA
Kelly Jankowski, RN
Pat Reid Ponte, RN, DNSc
Patricia Branowicki, RN, MS
Jacqueline Somerville, RN, MS
Dianne Anderson, RN, MS
Jeanette Ives Erickson, RN, MS
Nancy Kruger, RN, DNSc
Eileen Sporing, RN, MS
Mary Connaughton, RN, MS
Genevieve Conlin, CCRN, MS/MBA
Collaboration Among Nurse Executives in Complex Environments: Fostering Administrative Best Practice
Journal of Nursing Administration
Ellen Robinson, RN, PhD
Martha Jurchak, RN, PhD
Ethical Issues Raised by LVADS and Mr. T’s Story
Journal of Clinical Ethics
Guilherme P. Schettino, MD
Sunisa Chatmongkolchart, MD
Dean R. Hess, RRT, PhD
Robert M. Kacmarek, RRT, PhD
Position of Exhalation Port and Mask Design Affects CO2 Rebreathing During Noninvasive Positive Pressure Ventilation
Critical Care Medicine
Khaled A. Sedeek, MD
Muneyuki Takeuchi, MD
Klaudiusz Suchodolski, MD
Robert M. Kacmarek, RRT, PhD
Determination of Tidal Volume During High Frequency Ventilation
Critical Care Medicine
Khaled A. Sedeek, MD
Muneyuki Takeuchi, MD
Klaudiusz Suchodolski, MD
Sara O. Vargas, MD
Motomo Shimaoka, MD
Jay J. Schnitzer, MD
Robert M. Kacmarek, RRT, PhD
Open Lung Protection Ventilation with PCV, HFO and ITPV Results in Similar Gas Exchange, Hemodynamics and Lung Mechanics
Anesthesiology
Eileen Stuart-Shor, RN, PhD
Elizabeth Buselli, RN, PhD
Diane Carroll, RN, PhD
Daniel Forman, MD
Are Psychological Factors Implicated in the Pathogenesis and Consequences of Cardiovascular Disease in the Elderly?
Journal of Cardiovascular Nursing
Carmen Vega-Barachowitz, MS, CCC-SLP
Leadership Development
American Speech-Language-Hearing Association: Perspective on Administration and Supervision
Danielle Volk, PT, DPT
Evidence-Based Practice: Beliefs, Attitudes, Knowledge and Behaviors of Physical Therapists
Physical Therapy
Pat Reid Ponte, RN, DNSc
Patricia Branowicki, RN, MS
Jacqueline Somerville, RN, MS
Dianne Anderson, RN, MS
Jeanette Ives Erickson, RN, MS
Nancy Kruger, RN, DNSc
Eileen Sporing, RN, MS
Mary Connaughton, RN, MS
Genevieve Conlin, CCRN, MS/MBA
Collaboration Among Nurse Executives in Complex Environments: Fostering Administrative Best Practice
Journal of Nursing Administration
Ellen Robinson, RN, PhD
Martha Jurchak, RN, PhD
Ethical Issues Raised by LVADS and Mr. T’s Story
Journal of Clinical Ethics
Guilherme P. Schettino, MD
Sunisa Chatmongkolchart, MD
Dean R. Hess, RRT, PhD
Robert M. Kacmarek, RRT, PhD
Position of Exhalation Port and Mask Design Affects CO2 Rebreathing During Noninvasive Positive Pressure Ventilation
Critical Care Medicine
Khaled A. Sedeek, MD
Muneyuki Takeuchi, MD
Klaudiusz Suchodolski, MD
Robert M. Kacmarek, RRT, PhD
Determination of Tidal Volume During High Frequency Ventilation
Critical Care Medicine
Khaled A. Sedeek, MD
Muneyuki Takeuchi, MD
Klaudiusz Suchodolski, MD
Sara O. Vargas, MD
Motomo Shimaoka, MD
Jay J. Schnitzer, MD
Robert M. Kacmarek, RRT, PhD
Open Lung Protection Ventilation with PCV, HFO and ITPV Results in Similar Gas Exchange, Hemodynamics and Lung Mechanics
Anesthesiology
Eileen Stuart-Shor, RN, PhD
Elizabeth Buselli, RN, PhD
Diane Carroll, RN, PhD
Daniel Forman, MD
Are Psychological Factors Implicated in the Pathogenesis and Consequences of Cardiovascular Disease in the Elderly?
Journal of Cardiovascular Nursing
Carmen Vega-Barachowitz, MS, CCC-SLP
Leadership Development
American Speech-Language-Hearing Association: Perspective on Administration and Supervision
Danielle Volk, PT, DPT
Evidence-Based Practice: Beliefs, Attitudes, Knowledge and Behaviors of Physical Therapists
Physical Therapy
PROFESSIONAL ACHIEVEMENTS
OFFICERS

STATE AND REGIONAL

Patricia L. Atkins, RN, BSN, CNOR
Treasurer, Massachusetts, Chapter 1, Association of periOperative Registered Nurses

Alison Bates, PT, DPT, GCS
Assembly Representative; Delegate — House of Delegates; Liaison to Section on Geriatrics, Massachusetts Chapter, American Physical Therapy Association

Kathryn A. Beauchamp, RN, MSN, CCRN
Program Director and Newsletter Editor, Ocean State Chapter, American Association of Critical Care Nurses

Diane Carroll, RN, PhD
Chair, Clinical Research Committee, Alpha Chi Chapter, Sigma Theta Tau International Nursing Honor Society

Robert Dorman, PT, MS
Alternative Delegate — House of Delegates, Massachusetts Chapter, American Physical Therapy Association

Joan Fitzmaurice, RN, PhD, FAAN
Member, Steering Committee, Massachusetts Coalition for Prevention of Medical Error

Martha Garlick, PT, MS, CCS
Chief Assembly Representative, Northern Metropolitan; Alternate Delegate to House of Delegates, Massachusetts Chapter, American Physical Therapy Association

Maxine Glazer RN, BSN, CNOR
Member, Board of Directors; Chair, Legislation Committee, Massachusetts Chapter 1, Association of periOperative Registered Nurses

Julie Goldman, RN, MS
Research Chair, Pi Epsilon Chapter At Large, Sigma Theta Tau International Nursing Honor Society

Theresa Jacobs, PT, DPT
Assembly Representative, Massachusetts Chapter, American Physical Therapy Association

Wendy Johnson, PT, DPT
Assembly Representative, Northern Metro District, Massachusetts Chapter, American Physical Therapy Association

Mary Lou Kelleher, RN, MSN
President, Pi Epsilon Chapter At Large, Sigma Theta Tau International Nursing Honor Society

Aimee B. Klein, PT, DPT, MS, OCS
Assembly Representative, Northern Metropolitan District; Member, Legislative Committee, Massachusetts Chapter, American Physical Therapy Association

Cynthia A. LaSala, RN, MS
Secretary, Massachusetts Association of Registered Nurses

Amy D. Levine RN, BSN
President, Northeastern University Nursing Alumni Association

Kelly Macauley, PT, DPT
Assembly Representative; Program Chair, Southern Metro District, Massachusetts Chapter, American Physical Therapy Association

Janet M. Madigan RN, MS, CNAA
Treasurer, Massachusetts Center for Nursing Member, Board of Directors, and Co-Chair, Government Affairs Committee, Massachusetts Organization of Nurse Executives

Theresa Michel, PT, DPT, DSc, CCS
Chair, Board of Trustees, New England School of Acupuncture

Sally Millar, RN, MBA
Immediate Past President, Massachusetts Organization of Nurse Executives

Matthew Nippins, PT, MSPT
Representative, Northern Metro District, Massachusetts Chapter, American Physical Therapy Association

Gayle Peterson, RN
Secretary, Eastern Massachusetts Chapter, The American Society for Pain Management Nursing

Jennifer Podesky, PT, MSPT
Assembly Representative, Massachusetts Chapter, American Physical Therapy Association

Marita Prater, RN, MS
Member, Board of Directors; Chair, Management of Practice Committee, Massachusetts Organization of Nurse Executives

Susan D. Sargent, RN, MSN, CNOR, CRNFA
Member, Board of Directors, Massachusetts, Chapter 1, Association of periOperative Registered Nurses

Melanie Struzzi, PT, MHS
Assembly Representative, Massachusetts Chapter, American Physical Therapy Association

Dawn Tenney, RN, MSN
Treasurer and Chair of the Finance Committee, Massachusetts Organization of Nurse Executives

Cesareo Villa RN, BSN, CNOR
President, Massachusetts, Chapter 5, Association of periOperative Registered Nurses

Philip E. Waite Jr., RN
Board Member, Massachusetts Board of Registration in Nursing
NATIONAL

Mimi Bartholomay, RN, MN, AOCN
Member, Board of Directors, Kenneth B. Schwartz Center

Katie Brush, RN, MS, CCRN, FCCM
Chair, Membership Committee, National Association of Clinical Nurse Specialists
Chair-Elect, Nursing Section, Society of Critical Care Medicine

Annabel D. Edwards, APRN, BC
Member, Board of Directors, The American Society for Pain Management Nursing

Jeanette Ives Erickson, RN, MS
Member, Nominating Committee, Region I, American Organization of Nurse Executives

Martha Garlick, PT, MS, CCS
Secretary, Cardiovascular and Pulmonary Section, American Physical Therapy Association

Aimee B. Klein, PT, DPT, MS, OCS
Clinical Content Expert, Orthopaedic Specialty Council; Member, Standard Setting Committee; Member, OCS Exam Item Review Committee, American Board of Physical Therapy Specialties (ABPTS), Orthopaedic Section, American Physical Therapy Association

Lynn B. Oertel, ANP, MS, CACP
Secretary/Treasurer, National Certification Board, Anticoagulation Care Providers

Jean O’Toole, PT, MPH, CLT-LANA
Member at Large, American Society of Shoulder and Elbow Therapists

Kristin Parlman, PT, DPT, NCS
Nominating Committee, Stroke Special Interest Group, Neurology Section, American Physical Therapy Association

Carmen Vega-Barachowitz, MS, CCC-SLP
Multicultural Issues Board; Steering Committee, Special Interest Division 11, Administration and Supervision, American Speech-Language-Hearing Association
Each year, countless donors support the work of Patient Care Services, allowing us to advance our practice and provide the best possible care and services to patients. To these individuals and organizations, we offer a sincere ‘Thank you.’ To those who have yet to give, we welcome your support.

Norman Knight knows how to make a difference. In July, his generous $100,000 pledge established the Norman Knight Nurse Preceptor of Distinction Award. Each year, the MGH will recognize a clinical nurse who consistently demonstrates excellence in educating, mentoring and coaching nurses. But, Mr. Knight’s generosity did not stop there. A companion donation now funds a Norman Knight Visiting Professorship. By inviting a nurse scientist/scholar to share his/her knowledge with the MGH community, Mr. Knight continues to support professional development, creativity and innovation in practice. The first visiting professorship will be awarded in the Fall of 2004.
Bea Kaufman’s energy and enthusiasm could light up a room — even amid the often overwhelming environment of the Emergency Department (ED). As a registered nurse in this dynamic setting, she shined. Tragically, Bea lost her battle with cancer three years ago. To honor her daughter’s memory, Jane Kaufman established The Bea Kaufman Endowed Fund to support trauma certification for MGH ED nurses. Jane’s goal is to support their vital certification requirements in perpetuity. To date, the fund has supported professional development for more than 50 ED nurses.

Each year, Al Petrilli honors his wife’s memory by donating to the Marie C. Petrilli Cancer Research and Treatment Fund. Al and his brother David established the MGH charitable foundation five years ago to help raise funds and awareness for cancer treatment and the quest for a cure. To date, Al’s philanthropic efforts toward Patient Care Services have included: sponsorship of an award for oncology nurses who demonstrate “exemplary care and compassion in their practice;” support for a Social Services fund for cancer patients; and, resources to help renovate family lounges and provide patient amenities on two inpatient cancer units.
VISION & VALUES

As nurses, health professionals and Patient Care Services support staff, our every action is guided by knowledge, enabled by skill and motivated by compassion. Patients are our primary focus, and the way we deliver care reflects that focus every day.

We believe in creating a practice environment that has no barriers, is built on a spirit of inquiry, and reflects a culturally competent workforce, supportive of the patient-centered values of this institution.

It is through our professional practice model that we make our vision a demonstrable truth every day by letting our thoughts, decisions and actions be guided by our values. As clinicians, we ensure that our practice is caring, innovative, scientific and empowering, and is based on a foundation of leadership and entrepreneurial teamwork.

The following values guide our work:

- We are ever alert for opportunities to improve patient care; we provide care based on the latest research findings.
- We recognize the importance of encouraging patients and families to participate in the decisions affecting their care.
- We are most effective as a team; we continually strengthen our relationships with each other and actively promote diversity within our staff.
- We enhance patient care and the systems supporting that care as we work with others; we eagerly enter new partnerships with people inside and outside of the Massachusetts General Hospital.
- We never lose sight of the needs and expectations of our patients and their families as we make clinical decisions based on the most effective use of internal and external resources.
- We view learning as a lifelong process, essential to the growth and development of clinicians striving to deliver quality patient care.
- We acknowledge that maintaining the highest standards of patient care delivery is a never-ending process that involves the patient, family, nurse, all health care providers and the community at large.

STRATEGIC GOALS

- We lead the industry in providing patient- and family-centered care.
- We partner with the community to better understand the health care needs of the diverse population of patients we serve, and to establish a shared vision of care and services.
- We are the health care industry leader for quality and safety.
- We develop and advance systems, technology and programs to promote individualized patient care and support those who provide care.
- We are the “employer of choice” for all professions and support staff, and we value diversity in our workforce.
- We work to promote and support the institution in realizing sound financial growth.
- We position nurses, therapists, social workers, medication interpreters, chaplains and support staff within the hospital to have a strong voice in issues impacting patient care.
- We continuously create throughput systems and processes that drive delivery of safe, efficient, timely and patient centered care.
- We provide excellent leadership, and we foster leadership growth opportunities.